



BRIDGES

CALIFORNIA HEAD START-STATE COLLABORATION OFFICE

Message from the California Head Start–State Collaboration Office

by Michael Silver, Director, and
Michael Zito, Coordinator

In March, while doing the early planning for this issue of *Bridges*, we ran across an article in the *San Francisco Examiner* titled “Health Care Gap Unfilled.” The article estimated that over 13,000 children in San Francisco are eligible for California’s Healthy Families program but are not enrolled. Only 25 African American children in the entire city were enrolled in this program, which offers needed medical, dental, and vision benefits. The *Examiner* reporter interviewed a child development program director in the low-income Bayview-Hunters Point section of the city, who “came up blank when asked for her assessment of Healthy Families,” because she had never seen any outreach materials for the program.

And the problem is not confined to San Francisco. The picture is not much brighter for the state as a whole. It is estimated that California is home to 1.85 million uninsured children. The overwhelming majority of these children are eligible for Healthy Families or the Medi-Cal program. Since the *Examiner* article appeared, the state Department of Health Services (DHS) has streamlined the application form and process for Healthy Families and Medi-Cal. The California Head Start–State Collaboration Office has worked with DHS staff to provide you with several articles describing the new enrollment process and application.

Another recent development that should increase referrals to these programs is that Vice President Gore has announced definitively that legal immigrants may use public health insurance programs and other social services “without jeopardizing their chances of becoming U.S. citizens.”

We hope that this issue of *Bridges* assists program staff and families in appropriate and timely referrals to Healthy Families and Medi-Cal. And

It is estimated that California is home to 1.85 million uninsured children. The overwhelming majority of these children are eligible for Healthy Families or the Medi-Cal program.

once you have a child covered, make sure that he or she is screened for lead poisoning. Medicaid recipients are *three times* as likely as other children to have high levels of lead in their blood.

Another major focus of this issue of *Bridges* is to explain how Head Start and other child care and development programs are working together in many communities across California to develop full-day/full-year program options for families who need them. The advent of welfare reform has meant that programs must provide more hours of service as low-income parents entering the workforce increasingly require full-day care for their children. You will find in this issue of *Bridges* several articles that describe

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Message from the California Head Start Association (CHSA)

CHSA Forum Explores Collaboration/ Fiscal Strategies

by Norma Johnson, Board President,
CHSA, and Adolfo H. Munoz, Ph.D.,
CHSA Consultant

A one-day forum sponsored by the CHSA was held on July 29, 1999, to explore the program design and fiscal strategies used by three agencies that have been successful in implementing substantive collaboration. Norma Johnson, CHSA Board President, was one of three key presenters who outlined the challenges and strategic solutions adopted by their programs in dealing with various fiscal, regulatory, and programmatic obstacles to collaboration.

The forum, held at the Sheraton Palace Hotel in San Francisco, was well attended and featured presentations

from SETA Head Start, OPTIONs, and the Contra Costa County Family and Children’s Services Division. Models presented included “wraparound” collaboration with nonprofit agencies working with private child care providers and state child development programs. The forum addressed four key objectives:

1. Share collaborative program models;
2. Identify fiscal strategies, issues, and concerns;

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This issue of *Bridges* can be found at the Child Development Division’s World Wide Web site. Point your browser to http://www.cde.ca.gov/cyfsbranch/child_development/headstart.htm.



A Head Start Toward a Healthy Future

by the staff of School House Connections,
California Department of Health Services



The early years of a child's life are when medical professionals can best detect and treat minor health problems before they grow into serious health threats. Consequently, for those children without health coverage, their future physical and educational development may be at risk. Early childhood programs such as Head Start can play a vital role in linking thousands of children to health care coverage.

Many children see a doctor only when they're rushed to an emergency room to treat what is an otherwise minor health problem, like an earache. However, by not having access to regular, preventive health care, a minor health problem could intensify into a frightening and agonizing ordeal that could result in permanent damage. Some families without access to health coverage even risk their children's health and well-being by relying on unqualified health practitioners and the dangerous drugs they prescribe.

Families have health programs to turn to. Affordable and accessible health coverage is available for many families through the Healthy Families Program and Medi-Cal for Children. These programs give children access to health care from such major health plans as Blue Shield, Health Net, Kaiser Permanente, and Blue Cross. In addition, a streamlined four-page mail-in application, which is available in 11 languages, makes it easier for families to apply for coverage.

Healthy Families and Medi-Cal for Children provide low-cost and no-cost comprehensive medical, dental, and vision care coverage to children of working families, depending upon family income and the health plans selected. Benefits of these affordable health coverage programs include:

- Regular checkups, including well-child visits
- Immunizations

- Prescription medicine
- Lab and x-ray fees
- Dental and eye care (including eyeglasses)
- Mental health services
- Physician and hospital services

Early childhood programs are essential partners to help expand health care coverage to children. Here are a few reasons why: ¹

- A recent study by the U.S. General Accounting Office found that 54 percent of uninsured, Medicaid-eligible children were under age six. Thus, many uninsured children not yet in school are likely to be cared for by an early childhood program such as Head Start.

Early childhood programs are essential partners to help expand health care coverage to children.

- Head Start and other early education programs routinely ask parents for income information to determine eligibility into their programs. This information can easily determine a child's possible eligibility for several no-cost and low-cost health coverage programs, including Healthy Families and Medi-Cal for Children.
- Updated immunizations are always required for entry into all early

¹Adapted from the *Start Healthy, Stay Healthy Outreach Handbook* from the Center on Budget and Policy Priorities.

childhood programs. It makes sense for program staff to check with families about a child's health insurance status at the same time they are checking to see that the child has met the program's health requirements. Staff can refer families to Healthy Families and Medi-Cal enrollment entities, where families can get free help in completing an application for coverage with the help of certified application assistants. Among the many benefits of Healthy Families and Medi-Cal for Children is that regular preventive services, such as immunizations and well-child checkups, are absolutely free.

- Finally, since most early childhood programs have embraced comprehensive approaches to working with children and their families, linking uninsured children to health care coverage is a natural extension of their program activities. Being physically healthy and developmentally prepared allows children to learn better in school.

For children who are found ineligible for Healthy Families and Medi-Cal for Children, there are additional programs that offer affordable health care coverage. These programs include Kaiser Permanente Cares for Kids, CaliforniaKids, and Access for Infants and Mothers (AIM). See the accompanying health care program summary chart for information about these

programs and referral numbers. Also, the Child Health and Disability Prevention Program (CHDP) provides prevention services, including immunizations, to children eligible for state preschool programs. For more information about CHDP, contact your local health department's CHDP office.

In July 1998, the California Department of Health Services launched a multilingual education and outreach campaign to increase public awareness about Healthy Families and Medi-Cal for Children coverage. Day care centers, schools, and community-based organizations throughout California have assisted the state in a variety of ways, including sending out fliers with registration forms, organizing sign-up days, and enlisting support from local businesses.

Here are ways in which you can become involved in the Healthy Families and Medi-Cal for Children outreach and enrollment efforts:

- Display joint Healthy Families and Medi-Cal for Children applications and referral numbers, along with information about other low-cost health plans, near bulletin boards so parents have easy access to them. You can receive joint Healthy Families and Medi-Cal for Children brochures, applications, and

handbooks by calling the state's subcontractor, Richard Heath and Associates (RHA), toll-free at 1-888-237-6248.

- Distribute Healthy Families and Medi-Cal for Children information during program registration sessions, and send important information home with children to share with their parents. You can also distribute the health care program summary chart on the following page that provides an overview of affordable health coverage programs, income eligibility guidelines, and referral numbers for parents. For a reproducible, camera-ready copy of the program summary chart, contact School Health Connections at (916) 653-7746.
- Include an article about Healthy Families and Medi-Cal for Children in a parent newsletter and discuss the importance of access to regular health care services.
- Become a Certified Application Assistant (CAA). CAAs can earn \$50 for each successful enrollment. For information about becoming a CAA, you can call RHA's toll-free number listed above.
- Partner with local agencies and community-based organizations to hold free "Application Assistance Days." Thousands of agencies and

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Message from the California Head Start—State Collaboration Office

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various partnerships in different communities, with partners describing their successes and challenges.

We have also included a number of related online resources as well as information about new technical assistance resources, such as the federal initiative known as QUILT, to assist programs in establishing or fine-tuning their collaborations. And CHSSCO is in the process of publishing the *Collaborative Partnerships Report*, which is based on surveys completed last year by Head Start programs that were entering into collaborative arrangements to provide families with full-day / full-year services. The report will be widely distributed when published this fall; if you receive this newsletter by mail, you will receive a copy of the report.

We are pleased that the last issue of *Bridges*—focusing on California's service system for children with developmental delays and disabilities—was enthusiastically received; nearly 70,000 copies were printed. The state Department of Social Services thought it important and comprehensive enough to send a copy to each of the licensed family child care homes in the state, which number over 40,000. It has been used as a training guide for instruction in child care and development and special education at several colleges and universities in the state. The issue is still available on our Website at: www.cde.ca.gov/cyfsbranch/child_development/headstart.htm. You will also find an overview of the CHSSCO and our yearly work plan activities at this site.

Yet, we aren't perfect. Our listing of California's resource and referral agencies (R&Rs) in the last *Bridges* inadvertently omitted one: Wu Yee Children's Services in San Francisco, telephone number 415/391-4956. We extend our apologies.



A Healthier Tomorrow Starts Today
CALL TOLL-FREE, 1-800-880-5305



**No-Cost Health Coverage
for Children, Birth
Through Age 18, and
Pregnant Women**

- No-cost comprehensive health, dental and vision benefits for children.
- No monthly premiums.
- No copayments for any benefit.
- Choice of health insurance plans in most major population centers.
- Family property (such as savings or cars) does not count for eligibility.
- More children with higher family incomes qualify for **no-cost Medi-Cal**.
- Available for children of single or two-parent working families.
- Mail-in application. Does not require a visit to the welfare office to apply.



**Low-Cost
Health Coverage
for Children
Birth Through Age 18**

- Low-cost comprehensive health, dental and vision insurance.
- Low monthly premiums from \$4 per child to a maximum of \$27 per family.
- No copayment for preventive services (such as immunizations). \$5 copayment for non-preventive services (such as going to the doctor due to illness).
- Choice of health, dental and vision insurance plans.
- Family property (such as savings or cars) does not count for eligibility.
- For children without health insurance and children on **Medi-Cal with a cost**.
- Available for children of single or two-parent working families.
- Mail-in application.

**Medi-Cal and Healthy Families
are two health care programs:**

- Family size, age of the child and income determine which program a child may qualify for. A younger child may qualify for **no-cost Medi-Cal** and an older child may qualify for **Healthy Families**.
- If the child qualifies for **no-cost Medi-Cal** he/she **does not** qualify for **Healthy Families**.
- If your income is too high to be eligible for **no-cost Medi-Cal**, your child may qualify for **Healthy Families**.

**To be eligible
a person must be:**

- Under age 19, or a pregnant woman
- Within income guidelines
- A California resident
- A U.S. citizen, national or eligible alien. Regardless of immigration status or date of entry, a child or pregnant woman can qualify for some form of **Medi-Cal**.

For Help In Your Language...Please Call Toll-Free, 1-800-880-5305

For English information, Press 1.....



Si desea información en español, oprima el 2.....



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пожалуйста, по вышеуказанному телефону и нажмите кнопку 9.



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شماره 0 را فشار دهید.....



Provided by the State of California

Health Care Coverage

Regular health care is important for a child's well-being and physical development. Here are a few programs that provide no-cost or low-cost health care for children:

Medi-Cal provides no-cost comprehensive health, dental, and vision coverage for children and pregnant women.* Eligibility is determined by family size, children's ages, and family income. This program is available to eligible U.S. citizens, nationals, or immigrants. For a mail-in application, call toll-free 1-888-747-1222.

*Families whose income is higher than the allowable limits for no-cost Medi-Cal, Healthy Families, or Access for Infants and Mothers (AIM) will have a share of the cost (similar to a monthly deductible) based on their income and family size.

Healthy Families provides low-cost health, dental, and vision coverage for children who are not eligible for no-cost Medi-Cal. Eligibility is determined by children's ages and family income. U.S. citizens and "qualified" immigrants may apply for this program. For more information and to request a mail-in application, call toll-free 1-888-747-1222.

Adapted from the Children's Health Access and Medi-Cal Program (CHAMP). CHAMP is a project of the National Health Foundation funded by Kaiser Permanente of Southern California, California HealthCare Foundation, Ahmanson Foundation, California Community Foundation, and PacificCare Foundation.

This information is accurate as of November 24, 1999, but may be subject to change. Please contact the programs to see if you are eligible.

Medi-Cal

<i>Number of persons in family</i>	<i>Pregnant women and children to age one</i>	<i>Children one to five</i>	<i>Children six to eighteen</i>
1	up to \$1,374	up to \$ 914	up to \$ 687
2*	\$1,884	\$1,226	\$ 922
3	\$2,314	\$1,539	\$1,157
4	\$2,784	\$1,851	\$1,392
5	\$3,254	\$2,164	\$1,627
6	\$3,724	\$2,477	\$1,862

*A pregnant woman is considered a family of two for purposes of this chart.

Healthy Families

<i>Number of persons in family</i>	<i>Gross monthly income limits for children ages birth to 1</i>		<i>Gross monthly income limits for children ages 1 to 5</i>		<i>Gross monthly income limits for children ages 6 to 18</i>	
	<i>At least</i>	<i>But not over</i>	<i>At least</i>	<i>But not over</i>	<i>At least</i>	<i>But not over</i>
1	\$1,375	\$1,717	\$ 915	\$1,717	\$ 688	\$1,717
2*	\$1,845	\$2,305	\$1,227	\$2,305	\$ 923	\$2,305
3	\$2,315	\$2,892	\$1,540	\$2,892	\$1,158	\$2,892
4	\$2,785	\$3,480	\$1,852	\$3,480	\$1,393	\$3,480
5	\$3,255	\$4,067	\$2,165	\$4,067	\$1,628	\$4,067
6	\$3,725	\$4,655	\$2,478	\$4,655	\$1,863	\$4,655

*A pregnant woman is considered a family of 2 for purposes of this chart.

for Children

Kaiser Permanente Cares for Kids provides low-cost health insurance for uninsured children who are not eligible for Medi-Cal for Children or Healthy Families. This program covers children under age 19 within Kaiser Permanente California's service area. Eligibility and cost are based on family size and income. For more information, call toll-free 1-800-255-5053.

(Not affiliated with or endorsed by the State of California.)

California Kids provides affordable preventive and primary health, dental, and vision coverage for children who are not eligible for Medi-Cal for Children or Healthy Families. This program also covers undocumented children. Eligibility and cost is based upon family size and income. For more information, call toll-free 1-800-374-4KID.

(Not affiliated with or endorsed by the State of California.)

Access for Infants and Mothers (AIM) provides prenatal and health care for pregnant women who have no maternity insurance and earn too much to be eligible for no-cost Medi-Cal. To qualify, women must not be more than 30 weeks pregnant. Newborns are covered up to age two. For more information, call toll-free 1-800-433-2611.

Kaiser Permanente Cares for Kids

Number of persons in family	Gross monthly countable income	
	At least	But not over
1	\$1,717	\$2,060
2	\$2,305	\$2,765
3	\$2,892	\$3,470
4	\$3,480	\$4,175
5	\$4,067	\$4,880
6	\$4,655	\$5,585

California Kids

Number of persons in family	Gross monthly countable income
	Not over
1	\$1,717
2	\$2,305
3	\$2,892
4	\$3,480
5	\$4,067
6	\$4,655

Access for Infants and Mothers

Your family size	Gross family income (annual income)	Your total cost for pregnancy and baby's first year
2*	\$22,121 – \$33,180	up to \$ 663
3	\$27,761 – \$41,640	up to \$ 832
4	\$33,401 – \$50,100	up to \$1,002
5	\$39,041 – \$58,560	up to \$1,171
6	\$44,681 – \$67,020	up to \$1,340
7	\$50,321 – \$75,480	up to \$1,509
8	\$55,691 – \$83,940	up to \$1,678

*A pregnant woman is considered a family of 2 for purposes of this chart.

HOW *will I provide for the* HEALTH *NEEDS of my* FAMILY

Health Insurance for Families in Transition

*by Deborah Paratore
Director of Special Projects, Sacramento
Employment and Training Agency
Head Start*

"How will I provide for the health needs of my family?" That question tops the list of concerns for families moving from welfare to self-sufficiency when they are no longer eligible for Medi-Cal.

The California Head Start–State Collaboration Office (CHSSCO) recognizes this concern and has made the improved access to health care services a priority. Of primary importance is the need for children to receive comprehensive medical, dental, mental health, and nutrition services. These services, plus preventive and early intervention services, are delineated in CHSSCO's yearly work plan, with a focus on linking families with a source of ongoing health care (i.e., establishing a "medical home") so that the needs of the children will continue to be met after they leave Head Start.

Of primary importance is the need for children to receive comprehensive medical, dental, mental health, and nutrition services.

In July 1998 California implemented its **Healthy Families** program. Healthy Families is a low-cost insurance program that provides health, dental, and vision coverage to children who do not have insurance and do not qualify for no-cost Medi-Cal. Monthly premiums range from \$4 per child to a maximum of \$27 per family.

The Healthy Families program has been underutilized at the local level. For example, Sacramento County estimates

that 30 percent of its county population does not have health insurance. Although 60,000 children in the county are eligible for the program, only about 2,200 have been enrolled to date. SETA Head Start, the Head Start grantee in Sacramento County, is linking families with the Healthy Families program in an effort to address that gap between program availability and utilization.

As children enroll in the SETA Head Start program, children's and families' health needs are identified through a health assessment, after which a family partnership agreement is prepared. Families who are without health coverage or who may otherwise benefit from the Healthy Families program are assisted by staff in applying for coverage.

It is noteworthy to mention that during SETA Head Start's in-service staff training on the Healthy Families program application process, evidence arose that many of Head Start's own staff—especially part-day, part-year employees—were eligible to apply for Healthy Families benefits for their own children. Since then, SETA has included information on the Healthy Families program in their employee orientations.

The Healthy Families program application recently has been streamlined to a concise, four-page format—a significant improvement over the daunting, 20+ pages contained in the original application packet. Online information and toll-free technical assistance have also been added as tools to speed the enrollment process. Healthy Families program application packets are available in several languages, including Armenian, Cantonese, Cambodian, Chinese, Farsi, Hmong, Lao, Russian, Spanish, Vietnamese, English, and Korean. The packets and application assistance can be obtained by calling **1-800-880-5305** toll-free.

Take Action: Build a Child Care Mental Health Consultant Service in Your Community

by Marsha Sherman, Director,
California Child Care Health Program

The California Child Care Health Program (CCHP) has been working since 1987 on issues that link children's health and the early childhood field. As CCHP staff travel to many communities in the state to discuss the support teachers and family child care providers need from the health services, the most common request is for help with children who have challenging behaviors.

There seems to be at least one child in every program, family and center-based, who drives the child care providers "crazy." It is not always the case of a child who is overly aggressive. It could be a child who does not communicate, withdraws to a corner, and will not participate in any activities. It could be the child who is cooperative, plays well, and is a leader in the class—except for ten minutes each day (but oh, those ten minutes as the child turns over the art table while four children are in the middle of painting or somehow manages to get the fire extinguisher off the wall and spray everyone in sight in 30 seconds). Or it could be the child whose behavior is very different from that of the other children, but you cannot quite explain what it is that concerns you.

What help is available? "Very little," unfortunately, is the answer. Although many Head Start programs have mental health support services, few child care programs do. Only a handful of model early childhood mental health programs work within the child care or Head Start culture.

It is time to work together to create a system of mental health consultation in which a consultant can come to your program site, meet with the providers/teachers, and observe the child of concern. The consultant could then (1) assist the providers in communicating the issues to parents to gain their support for a consistent family plan; (2) counsel the providers on activities,

responses, and policies that will build on the child's strengths and help the child feel secure and comfortable in the child's environment; and (3) when more help is needed, assist in establishing a child and family intervention plan or both.

Why is such a service not yet readily available? The first reason, not surprisingly, is funding. Mental health services often are expensive; not all families or child care programs can afford such services. The second reason is that few mental health providers have the training and experience needed for working with children in the preschool years. Some providers even think that services cannot be provided until a child reaches age five. Yet new research on the brain tells us that age five may be too late for intervention.

What should we do about it? CCHP is working in three pilot counties (Alameda, Stanislaus, and Ventura) to establish projects that will provide

these services, patterned after several successful models in the Bay Area. The funding needed is a small grant for start-up and training of mental health professionals. The actual cost for services might be paid in a variety of ways. If the child has health insurance (including Healthy Families coverage or Medi-Cal), it may be possible to bill the insurance for each visit, even if the visit is with the child care provider rather than with the parents or the child. If the child is a victim or a witness to violence (including community violence), the costs could be billed to the California Victims of Crime Project. Therapists are accustomed to billing for services after they have consulted. This is not the easiest solution, but it is the beginning of an effort to build a mental health system that meets the needs of children and families in the early childhood community and provide support for the child care providers.

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ABC at Work

Linking Kids to Health Care

by the staff of School House Connections,
California Department of Health Services

In a procedure very similar to a root canal, a dentist extracts the pulp from a child's tooth and leaves behind a metal crown. The procedure is called a pulpotomy, performed only after a tooth has broken or decayed beyond the point at which a routine filling will suffice.

Christine Reeves, a registered nurse and health care service coordinator with ABC Child Development and Community Services (ABC), knows a four-year-old boy who has endured that procedure on each of his teeth—a painful experience. He is one of the children served by ABC, a Head Start provider in Los Angeles. Unfortunately, what happened to this child is typical of what can happen to children

who lack coverage for regular medical, dental, and vision care. Many of these children do not receive vital health care services until it is too late.

"There's a deficiency in ongoing care," said Reeves. "We see kids with anemia, dietary problems, and dental needs. Parents without health coverage for their kids have nowhere to turn for health services, except the emergency room. At that point, however, a minor health problem has worsened into a serious health threat."

Reeves and the family representatives at ABC hope to alleviate that situation for parents and children who register for Head Start services for the 1999–2000 school year. ABC staff will inform parents about low-cost and no-cost health coverage available through the Healthy Families Program and

(Continued on page 10)

Y2K and Head Start

by Robert Granillo

Administration for Children and Families

You have undoubtedly read and heard about the efforts that businesses and government agencies have undertaken to prepare for any challenges that may occur at the close of this calendar year. Such challenges may involve computer software or computer hardware that must be replaced or modified to accommodate what has become known as the "Y2K" phenomenon. Systems must be replaced, redesigned, or adapted to recognize and compute using a four-digit-year field beginning in the year 2000.

Fortunately, the Administration for Children and Families (ACF) does not anticipate any interruptions in making grant payments to Head Start grantees at the start of calendar year 2000. Throughout the balance of this year, ACF and the Department's Payment Management System will be testing the payment-processing system and other systems. In addition, ACF will develop contingency plans to ensure that services will continue even if ACF computer services are temporarily interrupted. ACF issued an Information Memorandum (ACYF-IM-HS-99-08), dated 6/25/99, addressing this item.

There are, however, other areas that could fail and subsequently impact the operation of Head Start programs. Possibilities include:

- Unavailability of ACF regional offices
- Inability to contact remote Head Start centers
- Unavailability of electrical power
- Disruptions in heating / water service
- Disruptions in telephone service
- Problems with PC work stations
- Reductions in e-mail capability
- Disruptions of accounting applications

Each Head Start program should have a contingency plan in place to make sure that the program continues with minimal interruptions should any of those areas fail for an extended period of time.

Linking Kids to Health Care

(Continued from page 9)

Medi-Cal for Children. These programs provide coverage for comprehensive medical, dental, and vision care for uninsured children of working families. ABC family representatives have completed training as Certified Application Assistants (CAAs) and will assist families in the application process for health coverage for their children.

Reeves will soon incorporate the Healthy Families and Medi-Cal applications into all Head Start registration materials. Meanwhile, ABC staff will schedule appointments with parents to help them apply for coverage. The ultimate goal is to ensure that children

receive the ongoing, preventive health care they need. ABC family representatives will also encourage parents to choose a "one-stop" health care center to which they can regularly take their children for their health care needs.

Reeves expects positive results from these efforts. The impact on the area served by ABC of more children receiving health coverage will be great. ABC expects to serve 1,811 children next year, and by enrolling these children in the Healthy Families and Medi-Cal programs, ABC family representatives hope to extend health coverage to the children's other eligible family members.

"Families will have a place to take their child when he or she gets sick. Parents won't have to rush their children to the emergency room for minor sicknesses. They'll go to a doctor," said Reeves. "I'm proud that ABC has helped put in place a system of applying for health coverage that will assist ABC's uninsured children. These children will be happier, healthier, and ready to learn when they begin kindergarten."

Mental Health Service

(Continued from page 9)

Take action in your community by helping Head Start and child care communities come together to establish their mutual needs and assets. Go together to talk with the children's services coordinator in your county's mental health program. Be sure to point out that they should talk with their colleagues in Alameda, Stanislaus, and Ventura counties. Call the Child Care Health Program Healthline for technical assistance, more information, and a concept paper at 1-800-333-3212. Talk about your need for support at your local Child Care Planning Council and Proposition 10 meetings. Give testimony about your real-life experiences (be sure to hide the identity of the child and family to maintain confidentiality) and keep talking.

Soon others will join with you to build an effective mental health consultation program for your community.



The 7th annual Family Literacy Conference, "Children, Families, and Educators Learning Together," will be held March 5-7, 2000, in Burlingame, California, at the Marriott San Francisco Airport Hotel.

The conference represents the collaborative efforts of four divisions of the California Department of Education—Adult Education, Educational Options and Safe Schools, Child Development (including representation from the California Head Start-State Collaboration Office), and Elementary Teaching and Learning.

Pre-conference directors' meetings will be held on March 5th for coordinators and directors of the following programs: Adult Education; American Indian Education; Elementary Model Programs; Even Start; Head Start; Child Development Early Grades; Healthy Start; and Migrant Even Start. The pre-conference meetings will be closed to the public.

A welcome reception for all conference participants will be held from 6:30-7:30 p.m. on March 5, and conference sessions will be presented on March 6 and 7.

For registration information contact Sallie Wilson at (916) 657-2916.

Healthy Future

(Continued from page 3)

organizations throughout California already have trained CAAs on-site. Application assistants are listed geographically on the Healthy Families Web site, <<http://HealthyFamilies.ca.gov>>, or you can call RHA's toll-free number listed above to find application assistants near you.

Head Start and other early education program sites across the country have joined the effort to provide health coverage to uninsured children. For example, a New Jersey Head Start program uses fortune cookies to reinforce the theme "Make Good Health a Part of Your Future." Head Start staff ordered cookies with fortunes bearing simple health messages, then distributed them along with additional information about Medicaid at a Head Start recruiting event. In Louisiana, staff at 12 Head Start programs operated by the Regina Coeli Child Development Center are trained and certified in assisting families with completing Medicaid applications. These Head Start programs use a variety of innovative ways to educate families about Medicaid, including sending fliers and newsletters to the families of the approximately 1,400 children they serve. Families can also make an appointment at their Head Start center to fill out an application when they drop off or pick up their children.

Combined, Healthy Families and Medi-Cal for Children will cover thousands of uninsured California children and enhance their ability to learn. As of early August 1999, Healthy Families enrollments have reached over 154,000 children. That translates to 47 percent of the estimated children eligible for Healthy Families. In addition, education and outreach to parents about Healthy Families and Medi-Cal for Children has increased. By forging partnerships with Head Start, other early education and day care centers, schools, hospitals, and community-based organizations, we can ensure that every uninsured child eligible for Healthy Families and Medi-Cal for Children will be enrolled.

Stewart B. McKinney Homeless Assistance Act

by Doug McDougall
Education Programs Consultant
California Department of Education

In July 1987 Congress passed the Stewart B. McKinney Homeless Assistance Act, an omnibus bill to assist homeless individuals through improving such services as emergency shelters, health care, and job training. Subtitle VII-B of the Act specifically addresses the education of homeless children and youths, including preschoolers.

What does "home" mean to a preschooler? It is a place that has many meanings and brings forth a variety of emotional responses. Home is a place that provides safety, warm hugs, big smiles, and a place where one can be left alone without feeling lonely.¹ Home can be a place to grow, to grow up, and

¹McAllister, et al. 1998. "Home Is a Base for Living," in *Zero to Three*, Vol.19, No.1.

to learn. And for a preschooler, home is a place from which explorations into day care, school, and other learning environments occurs. Home is the place to which one returns. Home means stability, predictability, and protection. Home also can mean the community in which one lives and can include our neighbors, special friends, religious affiliations, and extended family members—in other words, a place where we fit in, feel a part of, and belong.

At times, these concepts or assumptions of what a home is simply do not exist for many children and youths. We should know that not all children live in safe and secure homes. In California an estimated 220,000 children and youths, from birth to 18 years of age, are homeless during all or part of the year.

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Message from the California Head Start Association

(Continued from page 1)

3. Develop a list of collaboration/fiscal issues to be addressed by State/Federal funding sources; and
4. Develop a Head Start network of fiscal professionals.

The forum not only concentrated on the programmatic aspects of collaboration efforts, but also offered a close look at the creative fiscal strategies adopted by each of the three programs. Participants weighed the "mental models" associated with collaboration projects against the assumptions underlying more traditional program designs.

A key learning point from this forum was the level of internal collaboration—that is, high-level teamwork between fiscal and program practitioners—required in each of the programs to cope effectively with the challenges posed by various state and federal regulations.

During the coming months, CHSA will be sharing some of the key issues and recommendations that emerged from this forum with the appropriate state and federal officials. It is hoped that both state and federal agencies can facilitate collaboration efforts by amending and/or providing a waiver to some of their respective regulations that hinder or impede program collaboration.

A Program/Fiscal Collaboration Task Force is forming that includes the California Department of Education's Child Development Division, CHSA, and other child care and development program providers. CHSA hopes the task force will approve collaboration guidelines for all state-funded and Head Start programs within the next few months.

Overall, the forum provided CHSA and its members an opportunity to learn from the experiences of other programs and work collectively on ways of further minimizing barriers to genuine collaboration.

HEAD START—CHILD CARE PARTNERSHIPS

Merging Federal and State Children's Programs in Contra Costa County

by Wilda Davisson, Manager
Family and Children Services
Contra Costa County

Contra Costa County is the only county-government entity in California that provides state-subsidized child care and development and federal Head Start programs in directly operated centers. The county's Community Services Department (CSD) serves as the area's community action agency with the mission of providing assistance to low-income citizens by moving them toward self-sufficiency through the use of federal Community Services Block Grant funds. As a Head Start grantee, CSD has provided part-day, part-year services to low-income children for over thirty years.

In 1990 CSD began contracting with the California Department of Education to operate subsidized child care centers and the local State Preschool program. CSD placed the state-funded programs in a division separate from Head Start because of differences in contracts, operations, and regulations.

In response to welfare reform, the Head Start program has sought to develop a full-day, full-year model to meet the changing needs of families and children. Without additional funding to extend the days and the year for the current Head Start children needing full-day services, a partner agency would be necessary. In addition, most classes in the program were scheduled back-to-back in a single classroom; to reschedule classrooms for full-day services would require twice as many rooms. After the implementation of class size reduction in the public schools, facilities were insufficient to reschedule children even if operational dollars had been available. Collabora-

tion with full-day child care programs provided solutions to both problems and has had the added benefit of enhancing the quality of services to the full-day child care clients.

CSD sought permission from the Department of Education's Child Development Division and the Federal Administration for Children and Families to collaborate. The program began a pilot project in January of 1998 with the "Crisscross" model, in which children at a co-located site spent one part of each day in a Head Start classroom and the other in a general child care classroom. After six months the model was expanded to another site. This model had the administrative advantage of keeping the funding streams entirely separate by accounting accurately for the children's time in each program. However, it proved to be counterproductive in providing continuity of care to young children and caused confusion for the parents and teachers.

In response to welfare reform, the Head Start program has sought to develop a full-day, full-year model to meet the changing needs of families and children.

In July of 1998 a second pilot project program called the "Enhancement" model began, in which eligible Head Start children were identified in child care programs funded by non-federal dollars. Head Start enhanced services to the classrooms in which the children were located. This model was used in four classrooms during the 1998-99 school year and was found to be a great improvement over the Crisscross

model. Continuity of care is preserved under the Enhancement model and children meet the eligibility requirements for each program. The Crisscross model was converted to the Enhancement model.

During the planning for collaboration between programs, differences between the two were identified. The following questions had to be addressed before the project could move forward:

- How can the program provide equitable compensation to staff when funding is not available in both programs?
- How can the program comply with the Head Start group-size requirement and still earn sufficient child days of enrollment to comply with state contracts?
- How can the program provide equitable services for children in other classrooms who are not eligible for Head Start?
- How can the program obtain support from the major stakeholders (e.g., line staff, labor union representatives, parents, board members, licensing authority, and funding sources) to make systemic changes?
- How can the program ensure compliance with two sets of funding standards?
- How can the program funding be integrated, while accounting for it separately, without incurring audit exceptions?

The eighteen-month run of the pilot program allowed the time necessary to develop solutions to some of the challenges facing the organization. The human factor was perhaps the most difficult challenge. It was clear that the organization's Head Start Division and Child Development Division featured two different cultures. The Head Start



Division had a more centralized administration, while Child Development relied more heavily on site-level administration.

Because of the different organizational cultures, a unified approach would be necessary. The two programs, Head Start and Child Development, have been merged into one division: the Family and Children's Services Division. Under one administration, the program is gradually folding eligible part-day Head Start and full-day Child Development children into a common unit called "Child Start." Child Start will adhere to the higher standard of either federal Head Start or state-funded child care and development programs.

All Child Start children are served by general child care and receive an infusion of funds and services from Head Start. In subsequent stages of the merger, Child Start will grow larger and Child Development and part-day Head Start will grow smaller. There will always be a need for some strictly Head Start and State Preschool half-day slots. Therefore, not all slots will be converted to the full-day model.

Head Start and Child Development have also developed collaboration projects with community-based agencies that have direct contracts with the California Department of Education or other funding sources, such as vouchers from Alternative Payment Programs. Included in the community outreach is a Family Child Care Network that offers support to providers working with Head Start children. Providers receive training, materials, technical assistance, and payment for services. The program is currently placing Head Start children in fifty licensed homes throughout Contra Costa County.

As a result of receiving expansion funding, the program is extending Head Start and general child care to infants/toddlers at four additional sites. The infant/toddler program grants provide funds for placing modular classrooms at existing sites in the county.

Eventually, services are expected to be integrated so completely that only the administrators will know which children are attached to which program.

At the classroom level, the only difference in services will be whether a child is a part-day or full-day enrollee. The table shown below provides information on the program's staging.

Along with reorganizing the delivery model for family and children's services, the program is consolidating access to the other client-assistance programs available through Community Block Grant funding. Each site will provide one-stop access to clients for energy assistance, home weatherization, job development, and so forth.

As in all instances of change, it is the individuals who count most. Having leaders with a vision and willingness to invest the time and resources to "sell" the vision to a critical mass of stake-

holders leads to successful collaborations that work better for children and families.

Many challenges persist. However, the staff believes that the needs of the communities, families, and children are better addressed under the reorganized program than under the former program. The staff is delighted with the pay equity between the programs and the smaller class size for the general child care classes. The increase in materials and training provided through Head Start infusion funds has allowed teachers to create richer and more nurturing learning environments for all program children. The staff is especially pleased to have access to

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Head Start	General Child Care
Half day/part year	Full day/full year
Operated under Title XXII staff requirements	Operated under Title V staff requirements
Local Head Start job titles	California Child Development Staff Matrix job titles
Class size: 20	Class size: 24
Group size: 10	Group size: 8
Initial child-eligibility certification	Continuous family eligibility certification
Eligibility by individual children	Family eligibility
No parent fees	Graduated parent fees
Extended staff planning time	Little staff planning time
Scheduled staff training days	No days available for staff training
Higher salaries	Lower salaries
Sites predominately in east county	Sites predominately in west county
Strong centralized administration	Strong site administration
One- or two-room sites	Two- to six-room sites
Strong federal and regional training support	No federal or regional training support
No state training support	Limited state training support
Federal grant award	State contract that must be earned

Stages of Integration	Number of Children	Number of Sites
Phase One 1997-98	40	1
Phase Two 1998-99	360	6
Phase Three 1999-2000	928	18
Phase Four 2000-2001	Total integration	All sites

HEAD START—CHILD CARE PARTNERSHIPS

Lessons Learned from the Los Angeles County Office of Education Head Start—State Preschool Division

by Dr. Andrew Kennedy and
Dr. Brigitte Rodgers

The Los Angeles County Office of Education (LACOE) is the nation's largest regional educational agency. Los Angeles County is the most densely populated county in the nation, with more than 9 million residents, including 1.6 million students in 81 school districts. Los Angeles County has a welfare caseload larger than that of any state other than New York and California (Manpower Demonstration Research Corporation, 1998). Approximately 725,000 AFDC recipients reside in Los Angeles County.

As a regional educational agency, LACOE functions much like a local school district—but our responsibilities reach across 4,000 square miles. LACOE operates one of the largest Head Start programs in the nation. The LACOE Head Start—State Preschool Division contracts with fifteen school districts, two city governments, and fourteen private nonprofit agencies to provide direct services to children and families. Our division helps clients by monitoring programs for quality services, providing technical assistance, and training staff. LACOE Head Start also operates a Regionalized Family Services Unit for families eligible for Head Start who need assistance in substance-abuse abatement, pre-employment preparation, and family literacy. The unit also provides case management for high-risk families.

This article will share some of our insights and major lessons learned in establishing full-day / full-year Head Start—State Preschool Program partnerships. We will address the benefits,

advantages, and factors needed to provide successful Head Start—State Preschool Program partnerships in Los Angeles County. Throughout the state, Head Start and State Preschool programs currently operate independently to provide three to four hours of comprehensive child care and development services to families at or below the poverty level.

Most parents who participate in the welfare system will be eligible only for entry-level jobs which, in most cases, will not give them a salary adequate to bear the full cost of child care.

Reforms in the welfare system will place many parents in need of full-day child care because, by law, they must either be working or be enrolled in an education or training program. Most parents who participate in the welfare system will be eligible only for entry-level jobs which, in most cases, will not give them a salary adequate to bear the full cost of child care.

If subsidized full-day / full-year child care is not available, those parents will have three choices: (1) to remove their children from a half-day program that provides both child care and family support services, then utilize full-day child care without family support services; (2) to keep their children in a half-day child care program and develop a "patchwork" of before-and-after child care arrangements; or (3) to keep their children in half-day child care and drop their own efforts to comply with the mandates established by welfare reform.

We have chosen to match Head Start and State Preschool programs to reduce costs and increase services provided to children and families. Because the population of families that we serve overlap, it seems fitting that we work together to ensure that high-quality early childhood education programs are provided to children and families.

LACOE's Head Start programs offer 3.5 hours of care, and most State Preschool programs offer 3.0 hours of care. Therefore, families who participate in this project receive at least 6.5 hours of subsidized care. Because both Head Start and State Preschool operate only part day, we have combined the hours of services offered by Head Start with those offered by State Preschool, thereby increasing the number of subsidized hours of child care offered to parents.

Children who attend State Preschool in the morning attend Head Start in the afternoon. Children who attend Head Start in the morning attend State Preschool in afternoon. Because both programs operate independently of each other, there is no need to blend funds. This model of matching services meets the child care needs of families seeking work or enrolled in a training program. Parents who need more than 6.5 hours of care will be encouraged to enroll in the Alternative Payment (AP) programs sponsored by the Department of Social Services (DSS). Eligible parents who participate in AP programs may receive a payment voucher to subsidize payment for child care hours beyond 6.5 hours.

The "lessons learned" are presented from an experiential perspective under five frames—symbolic, political, human relations, structural, and ethical—as follows:



SYMBOLIC FRAME

Conflicting philosophies of early childhood education and program operations were perceived as differences and barriers. Both Head Start and State Preschool providers believed that their programs were unique and would not complement each other. After careful discussions with both groups, we found that the differences were in technique rather than in approach and philosophy. In most child care programs, a distinction cannot be made between a Head Start classroom and a State Preschool classroom.

Both the California Department of Education and Head Start require all of their programs to offer developmentally, culturally, and linguistically appropriate programs for the children served. Both programs offer activities that facilitate a child's physical, cognitive, and social-emotional development.

Lessons Learned

Many Head Start and state-funded child care providers need to address the myths and the realities of child care partnerships.

The Head Start and child care communities need to understand that they are both part of the greater child care community.

Head Start organizations must not exclude themselves from the greater child care planning councils, associations, and organizations. The more exclusive a Head Start agency perceives itself to be, the fewer opportunities it has to establish collaborative partners from the greater child care community.

POLITICAL FRAME

California government has several departments and funding sources responsible for instituting child care services, including the Department of Social Services (DSS), the Child Development Division of the Department of Education, and the California Community Colleges. Each of these organizations must work collaboratively and individually at the state-policy level and the local level in program implementation. State collaboration grants must identify different funding sources and, within their agencies, create state-level agreements that include Head Start grantees.

Lessons Learned

All of these agencies, including the grantees, are serving the same low-income to poverty-based families. The agencies must research the California *Education Code* and the federal regulations on partnerships to assist the

providers of state-funded and federally funded programs in formulating blended-funding programs to increase the availability of child care.

County Government County governments need to convene forums and meetings to provide avenues and pathways for Head Start, State Preschool, and General Child Care providers to work collaboratively in implementing memorandums of understanding (MOUs), contracts, and business agreements to increase full-day/full-year services for the families living in the county.

City Governments City governments that receive child care, labor, and parks and recreation funding need to invite their Head Start–state-funded child care program providers into their boardrooms to discuss the use of facilities, wraparound programs, and joint ventures to serve families who need full-day/full-year child care services.

School Districts School district boards of education that recognize the value of and advocate early childhood education should use their Even Start, Title I, State Preschool, and special education funds to create partnerships with Head Start providers for the purpose of full-day/full-year services to their communities.

Unions Unions should be invited to discussions that support the expanded need for child care, which clearly will impact the work days and hours of teachers and other unionized staff. It is important to note that with the expansion of Head Start and the heightened need for child care (including 24-hour care) services, the traditional school district, city government, and private non-profit early childhood program providers may change to a 12- to 24-hour child care provider service. Teaching contracts and other support staff working hours may change.

Private Nonprofit 5013(C) Agencies Board members and their CEOs need to establish policies, procedures, and business plans that allow them to subcontract or work in collaboration with other child care providers to provide full-day/full-year child care services.

HUMAN RELATIONS FRAME

Through partnerships Head Start and child care organizations have an opportunity to participate in educational and training activities together. These activities are designed to enhance school readiness, strengthen social competencies, and increase parent involvement.

Lesson Learned

Collaborative partnerships require participatory leadership styles that support shared decision making and are open to a diversity of opportunities and changes for employees.

STRUCTURAL FRAME

All teaching staff employed in a State Preschool program must have a Children's Center Permit issued by the Commission on Teacher Credentialing. Head Start programs funded by LACOE also require teachers to have a Children's Center Permit. All programs must maintain an adult-child ratio of 1:8. State Preschool programs are licensed under Title 5 of the *California Code of Regulations*, which imposes slightly higher operational standards than does Title 22, the code that regulates Head Start programs. However, the Head Start Performance Standards impose regulations beyond both Title 5 and Title 22.

Head Start has distinct regulations that will strengthen the eight operational management systems of child care organizations—communication, governance, ongoing monitoring, reporting and recordkeeping, self-assessment, financial management, human resources (personnel), and staff development.

Lessons Learned

Partnerships form the basis for a solid organizational infrastructure. This element must be addressed to ensure continuity of program information for the families and children who are served by the partnerships.

Reimbursement for Head Start is based on enrollment. The number of children in a Head Start classroom is usually 17 to 20. The state subsidy is based on daily attendance. The number of children in a State Preschool classroom is usually 24. Reducing the number of state-subsidized child care slots is not always economical because operating costs continue to rise.

ETHICAL FRAME

Contracts, MOUs, and business plans need to be developed each time a full-day/full-year child care partnership is established to address risk management and insurance issues.

Lesson Learned

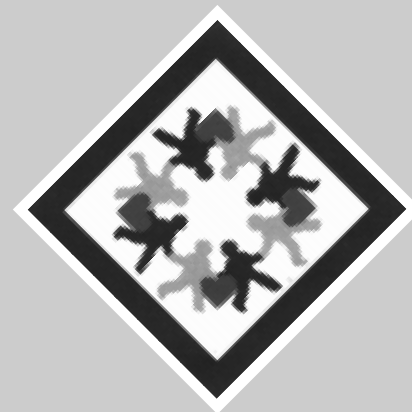
The Head Start Child Care Partnership Expansion efforts of LACOE are very challenging, yet very rewarding, for the organizations involved and the clients they serve.

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HEAD START—CHILD CARE PARTNERSHIPS

Quality in Linking Together (QUILT)

Working to Support Early Education Partnerships Through Training and Technical Assistance



by the Quilt Staff

QUILT is a training and technical assistance project funded by the Head Start Bureau, the Child Care Bureau, and the Administration for Children and Families, U.S. Department of Health and Human Services. The project's goal is to foster and support partnerships among child care, Head Start, prekindergarten, and other early education programs to increase the availability of quality, comprehensive, full-day/full-year care for children and families nationwide.

The QUILT Approach to Technical Assistance

QUILT is recognized for its high-quality technical assistance to early education partnerships. Such partnerships, which maximize resources and build on programs' strengths, are essential for providing high-quality, comprehensive, full-day, year-round care for children and their families.

Our approach to technical assistance is multifaceted, involving key QUILT staff, highly skilled consultants, and our colleagues in various training and technical assistance (T/TA) communities. QUILT's approach to technical assistance is to complement the work of other providers by:

- Working in partnership with all players—local early education programs, regional T/TA providers, and national decision makers—to build our collective capacity to support partnerships
- Stimulating and expanding ideas for partnerships while providing

individuals and groups with new insights, skills, and links to resources

- Addressing a wide range of partnership issues, such as designing programs and managing multiple funding sources
- Tailoring project services to meet the individual needs of diverse early education communities
- Offering technical assistance through the QUILT toll-free hotline as well as through on-site consultation

What a difference it makes to know that I can rely on QUILT specialists—people who have lived it and done it—from the Head Start side, the child care side, and the public school side. They helped us see the possibilities.

—Head Start-State Collaboration Director

QUILT ensures that responses to inquiries are specific, current, and illustrated by real-life examples so that callers—whether they are from programs, state agencies, or tribal communities—can respond effectively to the issues they face in developing and sustaining partnerships. The following answers to frequently asked questions describe the hotline:

What does the QUILT hotline offer?

The hotline provides free, in-depth consultation on callers' day-to-day partnership questions. We have responded to hundreds of calls on such topics as partnership structure and program design, eligibility policies, regulations, and the components of effective partnership agreements.

Can anyone use the hotline?

Yes! In fact, our hotline is designed to address the needs of all the key players in the early education arena: staff from child care centers, family child care network directors and staff, Early Head Start and Head Start managers and staff, state and tribal child care administrators, Head Start-State Collaboration directors, federal and state staff, and other T/TA providers.

When should I use the hotline?

Whether you are in the beginning stages of forming an early education partnership or you are taking steps to improve an existing partnership, the hotline can assist you with both planning and solution finding. In addition to linking callers with local resources and other child care and Head Start networks, the QUILT hotline can provide resource materials and the help needed to arrange for on-site technical assistance. (Information about early education partnerships and upcoming events can also be found at the QUILT Web site: <www.quilt.org>.)

Do the specialists offer up-to-date information?

Our hotline information specialists have in-depth and up-to-date knowledge of best practices in developing and sustaining partnerships—in fact, they are QUILT's "ears" in the field. The information gleaned from the issues callers raise and from regular communication with policy makers and practitioners gives our specialists a deep understanding of partnership developments at the community and state levels nationwide.

How can I access the hotline?

QUILT hotline specialists are available to answer your questions 11 hours a day, Monday through Friday. Just call our toll-free number, 1-877-867-8458 (1-877-TO-QUILT), between 8:30 a.m. and 7:30 p.m. eastern time.

QUILT Technical Assistance Hotline 1-877-867-8458 (1-877-TO-QUILT)

QUILT On-Site Technical Assistance

Critical to the success of our on-site technical assistance is the depth of our knowledge and experience; our skills in facilitating groups, communicating, assessing, and problem solving; and our attitudes and values regarding the profession and the groups with whom we work. The following answers to frequently asked questions describe QUILT's on-site technical assistance:

How is QUILT's on-site technical assistance different from its technical assistance hotline?

While hotline specialists respond to an individual caller's day-to-day questions about early education partnerships, on-site technical assistance brings all the stakeholders to the table. As a result, QUILT on-site technical assistance specialists are able to tap the strengths of every player, ensure that everyone's voice is heard, and help the group members reach a consensus about concrete steps they can take to promote early education partnerships.

What types of issues do QUILT staff and consultants address?

QUILT staff and consultants address all the issues that help programs plan, implement, and sustain partnerships. For example, they help stakeholders at the state and community levels examine planning and fiscal strategies, policies, and program management issues in order to develop comprehensive, coordinated, statewide early education services.

I know that QUILT provides on-site technical assistance for states—how about at the local level?

QUILT provides on-site technical assistance at every level. Moreover, the technical assistance we provide is always tailored to the unique needs, strengths, and issues that each program faces. For example, some programs request assistance in designing their partnership's structure and goals. Others need targeted consultation in developing a financial plan and cost-allocation system. Still others want help examining possible staffing patterns and responsibilities and identifying new benchmarks of performance.

Because QUILT staff and consultants have a deep knowledge of partnership structures and a familiarity with trends and current research, they are able to customize technical assistance that leads to effective, sustainable results.

Who is eligible to receive QUILT on-site technical assistance?

Stakeholders at the local, state, regional, tribal, and territorial levels are eligible to receive our free services. Before providing on-site technical assistance, however, we engage different players, such as staff from the regional and state offices and other T/TA providers, to assess what has been tried before, which T/TA provider might provide the technical assistance, and which consultation strategies would be most effective. If QUILT provides the on-site technical assistance, QUILT staff bring all the partners together to explore issues and identify ways to accomplish the tasks at hand. If QUILT does not provide the technical assistance directly, QUILT staff work with the selected T/TA providers to support their efforts in promoting partnerships.

What about follow-up technical assistance?

We know that effective on-site consultation is an in-depth process that takes place over time. Therefore, we work closely with a range of T/TA providers from child care, Head Start, and resource and referral agencies (R&Rs). We also collaborate with other state T/TA providers as well as with staff from federal and state offices. By linking and aligning T/TA systems, we promote systematic support for partnership initiatives.

The following entities lead the QUILT project:

Community Development Institute
9745 East Hampden Ave., Suite 310
Denver, CO 80231
Phone 303-369-8706
Fax 303-337-5339

Education Development Center, Inc.
55 Chapel St.
Newton, MA 02458-1060
Phone 617-969-7100
Fax 617-969-3440

National Child Care Information Center
243 Church St. NW, 2nd Floor
Vienna, VA 22180-4430
Phone 800-616-2242
Fax 800-716-2242

To keep up-to-date with partnership events, resources, and news, visit the QUILT Web site: <www.quilt.org>.

**Toll-free Hotline: 1-877-867-8458
(1-877-TO-QUILT)**

Collaborative Partnerships Report of the 1997 Head Start Expansion Grants for Full-Day/Full-Year Services

by Michael Zito, Coordinator, California
Head Start–State Collaboration Office

In March 1997, the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, released an invitation to Head Start grantees across the country to apply for funds to expand enrollment. Special priority and a competitive advantage were given to applicants who proposed to create full-day/full-year Head Start services by establishing partnerships with other agencies and organizations. Grantees were urged to combine expansion funds with other child care and early childhood funding sources and deliver services through partnerships with community-based child care centers and providers and state and local funding sources.

To address requests by grantees for technical assistance, the Child Development Division (CDD) of the California Department of Education, the California Head Start–State Collaboration Office (CHSSCO), the California Head Start Association (CHSA), and the Region IX office of the ACF held an introductory roundtable discussion in November 1997 for the programs that received the expansion grants. A second roundtable, sponsored by the CHSA and held in April 1998, focused on California's system of state-funded child care and development programs and featured presentations from CHSSCO and CDD staff. A third roundtable, focusing on the fiscal aspects of partnerships, was held in July 1999.

The roundtables helped participants identify a number of barriers and challenges facing the expansion programs. One of the agreements of the first roundtable was that the CHSSCO would survey the grantees to:

- Provide a profile of the collaboration partnerships formed.
- Identify best practices.

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Lessons Learned from Los Angeles County

(Continued from page 15)

The most challenging issues involved in establishing child care partnerships usually arise from the need to report to multiple bureaucracies and funding sources that each has its own operating rules and regulations. Program providers have indicated that differences in income and other eligibility guidelines and differences in attendance reporting policies for reimbursement pose administrative challenges in regard to the multiple requirements.

Many child care providers have State Preschool or General Child Care services and funding that can be matched with Head Start funding to increase the availability of subsidized child care.

By establishing partnerships with the child care community, programs can:

- Deliver comprehensive services to a greater number of children and families.
- Expand linkages among Head Start and public and private entities.
- Create partnerships with Head Start and child care providers.
- Enhance the child care infrastructure by improving child care facilities and environments, expanding staff development opportunities, and increasing wages and benefits for child care workers.
- Avoid the challenge of finding new space while reducing start-up costs.
- Provide more flexible hours of service.

Keep in mind that various approaches can be used to match Head Start and State Preschool services. Every model in Los Angeles County is unique because of community structures and organizational designs. Some of the other partnership models that we have used include:

- Blending programs and splitting costs
- Wraparound services
- Head Start family child care
- Connecting programs

We believe that children who attend developmentally appropriate, child-centered programs experience better social adjustment than do similar

children who attend a teacher-directed program implementing a direct-instruction curriculum. Furthermore, we believe that a partnership that blends the services offered by child care programs with Head Start will offer the highest quality of child care and support services to the neediest of families.

Merging Federal and State Programs



(Continued from page 13)

additional resources for assisting special needs children and a cadre of family advocates, who

are available to case-manage families that are emerging from welfare to work.

The staff gave the following advice to agencies planning to engage in collaborations:

- Learn as much as you can about the program of your partner agency.
- Be willing to be flexible.
- Plan and work to identify and break down barriers to communication.
- Define a shared vision.
- Keep the vision of improving services for families and children in mind when the going gets rough or the changes seem to come too fast.
- Invest in training for staff by professional and objective consultants who are skilled in assisting agencies undergoing change.
- Start with a small pilot within your program to work out the problems.
- Expand your new and improved model to include larger parts of your program.
- Remember to be patient.

As the program has moved from the known to the unknown, the staff has constructed bridges across the barriers that separated Head Start and state-funded child care and development. These past eighteen months have been very stimulating and rewarding for the staff. The internal program will continue to build on successes to bridge the gaps between its internal parts and to use the knowledge gained from that experience to expand collaboration with the external community.

Partnerships Report

(Continued from page 17)

- Identify program barriers and solutions.
- Identify unresolved issues.

CHSSCO staff then developed the survey, which was sent to 32 grantees in July and requested a return date of September 15, 1998. Eighteen surveys were completed and returned. CHSSCO has now completed a report based on the surveys. The report contains a statewide summary of information obtained from the surveys, including:

- Funding and program model(s) used and partner agencies
- Successful strategies used to establish collaborative partnerships and overcome barriers
- Greatest sources of support
- Barriers and policy issues
- Broad, unresolved issues
- Positive outcomes

A synopsis of each respondent's local experience and responses also appears in the report and includes agency contacts.

A draft of the report was completed in April 1999 and submitted to several CHSA member agencies for review in early May. It is now being published and will be available soon. Please contact the CHSSCO for more information on how to obtain a copy of the report.



BRIDGES

CALIFORNIA HEAD START-STATE COLLABORATION OFFICE

Bridges is produced by the California Head Start-State Collaboration Office (CHSSCO), which was created to promote partnerships between Head Start and the larger child care and development community at the state and local levels. *Bridges* is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, and the California Department of Education, Child Development Division. The opinions expressed are those of the authors and not necessarily those of the Department. CHSSCO is located in the Child Development Division, 560 J Street, Suite 220, Sacramento, CA 95814.

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Support for Single Mothers and Fathers and Their Children

by Ann Love

State Office of Child Support

California Department of Social Services

Every child has a right to emotional and financial support from both parents. To help you give your child the support he or she deserves, or to help you assist the parents you work with, the Office of Child Support in the California Department of Social Services has prepared *The Child Support Handbook*, available from your county's Family Support Division. If you are a single mother or father and have a child support and/or medical support order, or you want to establish one,¹ you can apply for child support services.

Your local Family Support Division office provides services to assist parents in meeting the needs of raising children in today's world. Mothers and fathers both play a major role in the well-being of their children and the quality of their children's lives. Single mothers and fathers struggle continually with the serious and complicated challenge of raising children on their own.

Studies continue to demonstrate that involved, loving fathers have a positive effect on their children's lives. The United States is now the world's leader in fatherless families; overall, nearly 23 million American children do not live with their biological father. About 40 percent of the children who live in fatherless households have not seen their fathers in at least a year.² Your local Family Support Division can help you in such a situation by establishing the paternity of your child or providing you with information on child visitation, mediation, and job services, if available, in your community.

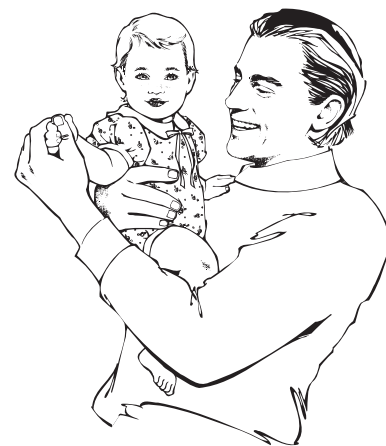
"Paternity" means fatherhood. "Establishing paternity" is the process

¹Family Support services include locating a noncustodial parent, establishing paternity, establishing or modifying a child support order, establishing or enforcing a medical support order, and collecting support payments.

²National Fatherhood Initiative's *Father Facts 2*, 1996.

of determining the legal father of a child and can be done by having the father and the mother sign the voluntary form "Declaration of Paternity." Establishing paternity helps your child gain the same rights and privileges as those of a child born within a marriage, such as financial and medical support from both parents, access to important family medical records, and the emotional benefit of knowing who both parents are. If you are a single parent raising a child, establishing paternity and child support are the first steps in taking personal responsibility for the financial support and emotional well-being of your child.

We encourage parents and teachers in Head Start and in other child care and development programs to visit our Web site at <www.childsup.cahwnet.gov>



for more information on child support and local Family Support Divisions. The California Head Start-State Collaboration Office and the Office of Child Support are developing a brochure for parents and staff in Head Start and other child development programs. For more information, you may contact Ann Love, Office of Child Support, at (916) 657-3406 (e-mail: Ann.Love@dss.ca.gov). For information on California's Paternity Opportunity Program, please contact Jim Mullany at (916) 654-1223 (e-mail: James.Mullany@dss.ca.gov).

"Care About Quality" Campaign Keeps Child Care Issues in the Forefront

In 1997 the State Legislature passed Assembly Bill 1542 (CalWORKs Program), charging the Child Development Division (CDD) of the California Department of Education with responsibility for increasing education activities for child care consumers. In response, CDD developed a consumer education campaign, titled "Care About Quality," to help families make informed choices from among the various types of child care available to them.

Care About Quality was officially launched in April 1999, coinciding with the National Association for the Education of Young Children's "Week of the Young Child." It began with the release of findings from a statewide public opinion poll conducted on child care issues in which approximately 1,300 respondents were interviewed about their attitudes and perspectives on child care. The findings and other campaign materials were distributed statewide to the news media and to CDD-funded programs, including resource and

referral agencies (R&Rs), local child care planning councils, family child care associations, county boards of supervisors, county superintendents of schools, and Head Start delegates and grantees.

Campaign materials that are currently in development include a Web site, television and radio public service announcements, a brochure on quality indicators, and a resource guidebook on quality child care. Partnerships with public and private entities are also being formed for the distribution of training materials, and technical assistance seminars are slated for this fall and spring.

To provide additional structure, the campaign will feature quarterly themes:

- "Back to School: Providing Child Care for Older Children," fall 1999
- "Child Care Is Everyone's Business," winter 1999
- "Celebrating Child Care Providers," spring 2000
- "Selecting Quality Child Care for First-Time Parents," summer 2000

(Continued on page 20)

Harbor Regional Center Funds Child Care Providers' Training Project

by Nancy Spiegel, M.F.C.C.
Director of Community Services
Harbor Regional Center

The availability of quality child care services has long been an issue for working parents, particularly for parents whose children have special needs. Parents of children with developmental disabilities often do not know where to look for child care providers who are experienced in meeting special needs. Furthermore, many child care providers are interested and are willing to provide these services but feel that they may lack the necessary skills and training to do so.

From fall 1997 through spring 1999, the Harbor Regional Center (HRC) in Los Angeles County made start-up funding available for two training grants designed to recruit typical providers from local child care centers and family day care homes and provide them with training from expert consultants. Local Head Start agencies saw this development as an excellent opportunity to increase in-service training for their staff members as well.

As a result, HRC has acquired a list of more than 35 child care and Head Start sites whose staff have participated in this training project and are successfully serving children with developmental disabilities throughout HRC's service area. These sites are meeting children's physical challenges, special health needs, social-emotional and behavioral challenges, and autism as well as the full range of developmental delays.

The training consultants who contracted with HRC to implement this project were Pasadena Child Development Associates, for the Long Beach and Bellflower health district areas, and Suzanne Lowe, Special Education Consultant, for the Torrance and Harbor health districts. Both contractors coordinated their planning and training activities with local child care resource and referral agencies, early intervention planning councils, Head

Start programs, and regional center-vendored service providers to ensure that recruitment efforts would reach as many potential child care providers as possible. Both contractors received numerous requests from child care providers throughout the HRC area and beyond for training and consultation services.

This tells me that the HRC project was very timely, very needed, and greatly appreciated. Congratulations!

—Suzanne Lowe, M.A.

Both consultants provided a series of well-attended introductory training sessions to large groups of caregivers, covering basic educational material in typical child development and the developmental challenges that may be encountered in the areas of cognitive, communication, psychomotor, social-emotional, behavioral, and health domains. The consultants fielded many questions from the participants, who demonstrated a strong motivation to apply the training to the serving of consumers in real day-to-day situations. The consultants then arranged for on-site observations at the various child care providers' locations to assist them in further applying their knowledge and tailoring and adapting their services to successfully include the children with special needs who had enrolled.

Most participants and their staff learned that the skills they had already acquired prepared them for meeting the needs of children with developmental disabilities in child care, which are quite similar to those of typical young children. Participants also learned that modifications could be made to their child care and preschool environments that were beneficial in promoting a nurturing learning environment not only for children with special needs but also for all the children they served.

Child care providers from such nearby communities as Gardena,

El Segundo, and North Carson were allowed to join the project, as space allowed, because their services were located conveniently for some HRC consumer families. As word of the training opportunity spread and requests continued, Connections for Children (the child care resource and referral agency that serves the HRC), the neighboring Westside Regional Center, and South Central Los Angeles Regional Center took the initiative to fund additional training hours to continue the project outside HRC's immediate area.

Because of the project's success, HRC looks forward to continuing to offer consultative support to many more child care providers in its service area.

"Care About Quality"

(Continued from page 19)

These themes will be incorporated into the campaign newsletter, *The Quality Quarterly*, and the Web site, quarterly advertisements, and a media resource guide that will be distributed to local R&Rs and planning councils in the fall.

While the Care About Quality campaign cannot address all the findings from the opinion poll or every concern raised in the child care and development profession, it can help the public understand the importance of *quality* child care and its overall impact on children and society. Through the campaign, parents will learn whom to contact for information on parenting; how to connect with the local child care resources by using 1-800-KIDS-793; and, as knowledgeable consumers, how to make informed choices that best meet their child care needs.

The campaign team invites questions and feedback on all aspects of the campaign via e-mail at <careaboutquality@deenblack.com>. For more information or to request copies of the opinion poll, contact Alice Trathen, Consultant, CDD, at (916) 323-1312 or <atrathen@cde.ca.gov>.

Stewart B. McKinney Homeless Assistance Act

(Continued from page 11)

The *United States Code* and the *California Education Code* define a homeless person as "... an individual who lacks a fixed, regular, and adequate nighttime residence" (42 USC Section 11302[a], *California Education Code* Section 1981.2). Families and youths who are defined as homeless may be residing in shelters, transitional housing units, or motels; camping in public places; or doubling up or tripling up with other families. Children and youths and their families who live in dwellings that are inadequate and lack such basic services as electricity, water, and heat (e.g., abandoned buildings, garages, or hallways) may be considered homeless as well.

What is life like for a preschooler who has become homeless? What happens during times of emergencies and crisis when individual and community support is not available? What is life like when one's "community" is encountering difficulty meeting basic needs, such as shelter, food, and safety?

A public policy report from the Better Homes Fund estimates that more than one million children are experiencing homelessness in the United States. Most of these children are living in female-headed families who are the poorest of the poor. Researchers have isolated homelessness as a direct predictor of specific childhood illnesses, separate and apart from poverty. In other words, homelessness itself makes children sick. And children living in homeless situations may have problems in school. At times these children attend school sporadically and thus may experience developmental delays.

In comments prepared for the White House Conference on Mental Health, the Center for Child Development and Developmental Disabilities at Children's Hospital Los Angeles states that children in overwhelmed and troubled families and those with special health care and developmental needs are at increased risk for health and developmental problems. Some of those children develop a hypersensitive nervous system, becoming distress-prone, and may perceive the world as threatening and catastrophic. The prepared com-

ments cited research that strongly supports a service delivery model that addresses child-parent relationships, a strategy that leads to better health and developmental outcomes.

One way in which Head Start and other early education programs can address the topic of services to homeless children is to partner with a local school district that is a federally funded Stewart B. McKinney Homeless Assistance Act subgrantee. Twenty-one local educational agencies in California currently receive funding from the McKinney Act and cover more than 80 school districts. These subgrantees assist children in enrollment, attendance, and success in preschool, including Head Start programs. McKinney Act coordinators at each local educational agency are highly knowledgeable and understand how collaboration with other agencies can increase enrollment opportunities for homeless preschoolers. McKinney Act subgrantees are authorized to provide activities that include such educational services as tutoring, supplemental instruction, and enriched educational services; professional development activities for educators; assistance to

defray the excess cost of transportation; and other extraordinary or emergency assistance needed to enable homeless children and youths to attend school.

McKinney Act programs have assisted homeless preschoolers by providing supplemental instruction through age-appropriate tutoring. McKinney Act staff provide in-service training about homelessness and other issues of high mobility to Head Start and other preschool program staff. Transportation has been provided to preschool sites as well as for necessary trips to receive medical services, such as the immunizations required for enrollment in preschool. Other services have included case management activities that assist parents in enrolling their young children and help to ensure that they attend preschool regularly. McKinney Act staff often participate in teams that help link families to Healthy Start and Even Start family literacy efforts. All of these endeavors strive to assist young children in enrolling, attending, and succeeding in Head Start and other preschool settings.

For more information on the McKinney Homeless Assistance Act, contact Doug McDougall, CDD/CDE, at (916) 653-4908 or dmcdougall@cde.ca.gov.

Workshops

Meeting the Challenge: Addressing the Mental Health Needs of Children and Families

This workshop series for administrators, managers, child development and health staff, and providers of child care services (including family day care, State Preschool, and child care programs) will be presented by Development Associates, Inc. During the two-day workshops, participants will learn how to:

- Implement practices and strategies that meet the Head Start Performance Standards for delivering mental health services.
- Identify a systematic approach to addressing mental health issues for staff, children, and families in the Early Head Start and Head Start communities.
- Examine mental health case-management systems.

- Provide staff with essential skills for identifying challenging behavior in children.
- Provide staff with strategies for reducing stress—for themselves and for families.

Cost: \$40 per person (includes workshop materials and lunch)

Tentative dates for 2000:

January 13–14 in Los Angeles
February 8–9 in Fresno
April 11–12 in Sacramento
June 8–9 in Lake Elsinore

For information and registration materials, please contact:

Development Associates, Inc.
1475 N. Broadway, Suite 200
Walnut Creek, CA 94596
(800) 666-9711; FAX (925) 935-0413

Quality Improvement Program Plan

The California Department of Education's Quality Improvement Program (QIP) plan for 1999–2000 fulfills the requirement of the federal Child Care and Development Fund (CCDF) to set aside monies to fund quality improvement activities. The plan covers activities in six critical categories—parent education and assistance; professional development; early literacy; child care capacity building; health and safety; program evaluation—and other activities consistent with the purposes of the CCDF. The plan will provide the infrastructure necessary to ensure that children in subsidized child care and development programs are receiving the necessary support to enable them to grow, develop, and become able learners in safe and healthy child care environments. Expenditures for QIP will total \$84 million for the fiscal year 1999–2000.

The complete QIP plan can be viewed and downloaded at the Child Development Division's Web site: www.cde.ca.gov/cyfsbranch/child_development. The following listings identify the contact persons for the major categories:

I. Parent Education and Assistance

- A. Resource and referral programs (R&Rs)*
Project contact: Local R&R
CDD contact: Assigned consultant, (916) 322-6233
- B. Comprehensive consumer education
 - 1. "Care About Quality" consumer education campaign
Project contact: Beverley Kennedy, Deen and Black Public Relations, (916) 418-1500
CDD contact: Alice Trathen, (916) 323-1312
 - 2. 800-KIDS-793 phone line for parents
Project contact: Child Care Resource and Referral Network, (415) 882-0234
CDD contact: Alice Trathen, (916) 323-1312
 - 3. Parent Involvement Initiative
Project contact: To be determined
CDD contact: Alice Trathen, (916) 323-1312

II. Professional Development

- A. Child Development Training Consortium
Project contact: Linda Butterfield, Yosemite Community College District, (209) 572-6080
CDD contact: Mary Smithberger, (916) 323-1342
- B. Mentor teacher/director program
Project contact: Peyton Nattinger, Chabot-Las Positas Community College District, (510) 786-6638
CDD contact: Mary Smithberger, (916) 323-1342
- C. Stipend for permit
Project contact: Cindy Lovett, Yosemite Community College District, (209) 572-6082
CDD contact: Mary Smithberger, (916) 323-1342
- D. Child Development Teacher and Supervisor Grant Program
Project contact: Catalina Mistler, California Student Aid Commission, (916) 526-7976
CDD contact: Sharon Hawley, (916) 323-5089
- E. Career Incentive Grant Program*
Project contact: Gail Brovant, Yosemite Community College District, (209) 572-6086
CDD contact: Mary Smithberger, (916) 323-1342
- F. The Program for Infant/Toddler Caregivers
Project contact: Terry De Martini, WestEd, (415) 331-5277
CDD contact: Mary Smithberger, (916) 323-1342

G. School-age programs

- 1. Training for school-age program professionals (teachers and administrators)
Project contact: Darci Smith, California School Age Consortium, (415) 957-9775
CDD contact: Barbara Metzruk, (916) 323-1313
- 2. Stipend for trainers with a school-age and after-school focus
Project contact: Darci Smith, California School Age Consortium, (415) 957-9775
CDD contact: Barbara Metzruk, (916) 323-1313
- 3. School-age curriculum and materials development and distribution
Project contact: Joan Bissell, University of California at Irvine, (949) 824-7466
CDD contact: Barbara Metzruk, (916) 323-1313

H. Local program quality consortia grants

- Project contact: Local quality consortium
CDD contact: Alice Trathen, (916) 323-1312

I. Statewide Network for Child Development Permit Matrix Professional Growth Advisors

- Project contact: Linda Butterfield, Yosemite Community College District, (209) 572-6068
CDD contact: Mary Smithberger, (916) 323-1342

III. Early Literacy

- A. Prekindergarten learning and development guidelines*
CDD contact: Sharon Hawley, (916) 323-5089
- B. Implementation of the Desired Results System for children and parents
For center-based and family child care programs—
Project contact: Deborah Montgomery, American Institutes for Research, (650) 493-3550
CDD contact: Barbara Metzruk, (916) 323-1313
For alternative payment programs—
Project contact: Helaine Hornby, Hornby Zeller Associates, (207) 773-9529
CDD contact: David Houtrouw, (916) 323-3090
- C. Training to support staff working with children with limited English proficiency
Project contact: To be determined
CDD contact: Sharon Hawley, (916) 323-5089

*These activities include state funding.

IV. Child Care Capacity Building

- A. Local child care planning council grants*
Project contact: Local Planning Council
CDD contact: Linda Parfitt, (916) 322-1048
- B. Regional resource centers to develop capacity in underserved areas
Project contact: To be determined
CDD contact: Richard Wheeler, (916) 324-4253
- C. Infant/toddler capacity building
 1. Infant/toddler specialist for Healthline
Project contact: Healthline, (800) 333-1312
CDD contact: Sharon Hawley, (916) 323-5089
 2. Start-up and resource grants
CDD contact: David Houtrouw, (916) 323-3090
 3. Expand Child Care Initiative Project with an infant/toddler focus
Project contact: Child Care Resource and Referral Network, (415) 882-0234
CDD contact: Cynthia Hearnden, (916) 323-8524
 4. Outreach sessions
Project contact: Janet Poole, WestEd, (415)-331-5277
CDD contact: Mary Smithberger, (916) 323-1342
 5. Inclusion of infants and toddlers with disabilities
Project contact: Linda Brault, Sonoma State University, (760) 736-6337
CDD contact: Mary Smithberger, (916) 323-1342
 6. Expand Program for Infant/Toddler Caregiver Institutes
Project contact: Terry De Martini, WestEd, (415) 331-5277
CDD contact: Mary Smithberger, (916) 323-1342
 7. Stipend for trainers with an infant/toddler focus
Project contact: Stipend Program Manager, WestEd, (415) 331-5277
CDD contact: Mary Smithberger, (916) 323-1342
 8. Regional training coordinators
Project contact: Janet Poole, WestEd, (415) 331-5277
CDD contact: Mary Smithberger, (916) 323-1342
 9. Model sites
CDD contact: Mary Smithberger, (916) 323-1342
- D. School-age capacity building
 1. Before- and after-school program grants
CDD contact: David Houtrouw, (916) 323-3090
- E. TANF training
 1. Project contacts: Joel Gordon, Santa Rosa Community College, (707) 527-4671
Gloria De La Cruz-Pulido, Fresno City College, (559) 265-5796
Donna Schubert, Child Care Resource Council, (818) 756-3360
CDD contact: David Houtrouw, (916) 323-3090
 2. Training TANF recipients as licensed or license-exempt family child care providers (including providers caring for children in the children's own homes)*
Project contact: Bari Polonski, California Department of Social Services, (916) 654-0708
CDD contact: Richard Wheeler, (916) 324-4253
- F. Family child care provider training
 1. Public Broadcasting Preschool Education Project*
CDD contact: Alice Trathen, (916) 323-1312

2. Family child care provider training
Project contact: Malia Ramler, Center for Health Training, (415) 929-9100
CDD contact: Cynthia Hearnden, (916) 323-8524
3. Child Care Initiative Project*
Project contact: California Child Care Resources and Referral Network, (415) 882-0234
CDD contact: Cynthia Hearnden, (916) 323-8524
- G. Special needs
 1. Map to Inclusive Child Care Project
Project contact: Pamm Shaw, California Child Care Health Program, (510) 839-1195
CDD contact: Mary Smithberger, (916) 323-1342
 2. Inclusion of children with disabilities and special needs
Project contact: Virginia Reynolds, WestEd, (916) 492-9999
CDD contact: Mary Smithberger, (916) 323-1342

V. Health and Safety

- A. Healthline (800) 333-3212*
Project contact: Marsha Sherman, California Child Care Health Program, (510) 839-1195
CDD contact: Sharon Hawley, (916) 323-5089
- B. Health and safety training for licensed and license-exempt providers*
CDD contact: Sharon Hawley, (916) 323-5089
- C. Trustline registry of license-exempt providers*
Project contact: Michelle Dille, California Department of Social Services, (916) 274-0497
CDD contact: Alice Trathen, (916) 323-1312
- D. Subsidized Trustline applicant reimbursement
Project contact: Michelle Dille, California Department of Social Services, (916) 274-0497
CDD contact: Alice Trathen, (916) 323-1312
- E. License enforcement for child care programs*
Project contact: Val Jones, (916) 324-4304
CDD contact: Cynthia Hearnden, (916) 323-8524

VI. Program Evaluation

- A. Evaluation of program quality improvement activities
Project contact: Deborah Montgomery, American Institutes for Research, (650) 493-3550
CDD contact: Sharon Hawley, (916) 323-5089

VII. Other Quality Activities Consistent with the Purposes and Requirements of CCDF

- A. Facilities renovation and repair grants*
CDD contact: Margaret Shortt, (916) 323-1345
- B. Instructional materials grants*
CDE contact: Lori August, (916) 324-6586

Web Resources

The following Web sites regarding child care, education, health, and other issues have recently come to the editor's attention. The listing is highly arbitrary, and because of the ever-changing nature of the Internet, some sites may no longer be available.

Full-Day/Full-Year Service Partnerships

The **Quality in Linking Together (QUILT)** Project supports partnerships involving such early education programs as state-funded child care, Head Start, and prekindergarten: <www.QUILT.org>.

Health

The **American Academy of Pediatrics** provides training opportunities, technical assistance, and educational materials to promote access to children's health and implement community-based initiatives: <<http://www.aap.org>>.

The **Bright Futures** Guidelines for Health Supervision of Infants, Children, and Adolescents offer information for health care providers and parents: <www.brightfutures.org>.

The **California Child Care Health Program** is designed to improve the health and safety environments for young children in out-of-home care settings and to expand access to community-based health services: <ericps.ed.uiuc.edu/cchp/cchphome.html>.

The **Center on Budget and Policy Priorities** has completed a state-by-state analysis of the number of low-income working parents who lack health insurance: <www.cbpp.org/2-9-99mcaid.htm>.

Healthy Families maintains a Web site that holds a wealth of information about its program, including how to apply: <<http://HealthyFamilies.ca.gov>>.

The **Managed Risk Medical Insurance Board** provides California enrollment information, organized by county: <www.mrmib.ca.gov>.

The **National Child Care Information Center**, established by the Child Care Bureau to complement and promote child care linkages by providing a central point for child care information, offers information on health and safety resources: <<http://nccic.org>>.

The **National Resource Center for Health and Safety in Child Care** provides information on issues related to health and safety in child care: <<http://nrc.uschsc.edu>>.

The first results from the 1997 round of the **National Survey of America's Families** offers a comprehensive look at the well-being of families: <<http://newfederalism.urban.org/nsaf>>.

The Urban Institute is conducting the **National Survey of America's Families**, a survey of families in thirteen states, to provide a comprehensive look at the well-being of adults and children: <<http://newfederalism.urban.org/nsaf/foreword.html>>.

The **100% Campaign**, a coordinated effort to ensure that all of California's children obtain the health coverage they need, offers information about Healthy Families, Medi-Cal, and other programs: <www.100percentcampaign.org>.

Welfare Reform

The **Research Forum** maintains an online database with summaries of welfare research projects: <www.researchforum.org>.

The **U.S. Department of Housing and Urban Development** provides information on welfare reform initiatives, funding opportunities, research, and other federal initiatives: <www.hud.gov/wlfrfrm.html>.

The **Welfare Law Center** offers information on welfare and on the activities of low-income groups organizing on welfare issues: <www.welfarelaw.org>.

The **Welfare Law Center** also maintains the Project LINC Web site, which promotes the use of technology by low-income individuals and organizations: <www.lincproject.org>.

Child Support Services

The **California Department of Social Services, Office of Child Support Enforcement**, maintains an alphabetical listing of county-level child support enforcement agencies: <www.childsup.cahwnet.gov>.

Education

The **California Children and Families First Initiative** Web site lists commission and committee members, minutes of meetings, draft county guidelines, and other current policy information on Proposition 10, the California Children and Families First Act: <www.children98.org>.

The **California Early Childhood Mentor Program**, one of CDE's Quality Improvement projects, provides advanced training for experienced child care workers who wish to

become mentors to new practitioners: <www.clpccd.cc.ca.us/mentor>.

The **California Early Childhood Mentor Program** also recruits, trains, and provides additional compensation to mentor teachers who supervise students in the mentor's classroom and mentor directors who assist new directors: <www.clpccd.cc.ca.us/mentor>.

The **Child Development Training Consortium**, one of CDE's Quality Improvement projects, provides professional growth and development opportunities for child care educators: <www.childdevelopment.org>.

The **Program for Infant/Toddler Caregivers (PITC)** represents a long-term partnership between CDE/CDD and WestEd to create high-quality training materials, trainer-of-trainer institutes, and a regional support system for infant/toddler caregivers, program directors, and trainers: <www.pitcnet@wested.org>.

Child Care and Development Resources

The Web site of the **California Child Care Resource and Referral Network** contains a listing of local R&Rs throughout the state, county-by-county child care supply maps, and information on legislation and policy activities affecting child care: <www.rrnetwork.org>.



Research

The **Congressional Research Service**, a nonpartisan analytical, research, and reference arm of Congress, has placed almost 300 reports online, dealing with education, health, and economic policy: <www.senate.gov/~dpc/crs/index.html>.

Information Please-Kid's Almanac, a new site geared toward children, parents, and teachers, offers reference information organized into seven categories: people, fun facts, science, the world, sports, life, and the U.S.: <<http://kids.infolplease.com>>.